

**MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)**  
**December 1, 2006**  
**MINUTES**

**BOARD MEMBERS PRESENT**

Senator Maggie Carlton, Vice-chairperson  
Tyree Davis, DDS  
Bonnie Sorenson, RN, BSN  
Jeffrey Wrightson, MD  
Beverly Neyland, MD  
Michelle Kling, RN, MS  
Assemblywoman Genie Ohrenschall  
Lou Palma, Child Haven Manager, Clark County, Department of Family Services (DFS)

**BOARD MEMBERS ABSENT**

Terrence McGaw, MD, Chairperson  
T.J. Rosenberg

**NEVADA STATE HEALTH DIVISION STAFF PRESENT**

Judith Wright, Chief, Bureau of Family Health Services (BFHS)  
Debra Wagler, Health Program Manager I, BFHS  
Tiffany Young, Health Program Specialist I, BFHS  
Tami Chartraw, Nevada State Health Division, (NSHD)  
Melissa E. Moore, Centers for Disease Control (CDC), NSHD  
Douglas Banghart, Health Program Manager, NSHD  
Muriel Kronowitz, Perinatal Substance Abuse Prevention Coordinator, BFHS  
Tami Smith, Administrative Assistant (AA) IV, BFHS

**OTHERS PRESENT**

Betsy Aiello, Chief, Nevada Check Up, Division of Health Care Financing and Policy (DHCFP)  
Colleen Lawrence, DHCFP  
Marti Cote, RN, DHCFP  
Patty Merrifield, Deputy Administrator, Clark County, DFS  
Thomas Morton, Director, Clark County, DFS  
Janice Smith, North Vista Hospital, (NVH)  
Virginia Carr, University Medical Center, (UMC)  
Lisa Pacheco, Assistant Clinical Manager, UMC  
Rota Rosaschi, Nevada Public Health Foundation (NPHF)  
Carole Mankey, Southern Nevada Health District (SNHD)  
Veronica Nichols, Public Health Nurse Manager, Southern Nevada Health District, (SNHD)  
Cari Rovig, Northern Nevada Immunization Coalition (NNIC)  
Pam Becker, Children's Cabinet  
Stephanie Johnson, Registered Nurse Community Health, RSTHC  
Cordelia Abel-Johnson, Reno/Sparks Indian Colony  
Robbin Palmer, Board Certified Genetic Counselor, Northern Nevada Genetic Counseling (NNGC)

**CALL TO ORDER**

Senator Maggie Carlton called to order the Maternal and Child Health Advisory Board (MCHAB) meeting at **9:15 a.m.** videoconferenced from the Washoe County District Health Department (WCDHD), Reno, and the Bureau of Licensure and Certification (BLC), Las Vegas. This was a public meeting and the public was invited to make comments. In accordance with the Nevada Open Meeting Law, this meeting was posted at the following locations: Bureau of Family Health Services (BFHS), Carson City; Kinkead Building, Carson City; Nevada State Library and Archives, Carson City; Washoe County District Health Department (WCDHD), Reno; Southern Nevada Health District (SNHD), Las Vegas; Bureau of Licensure and Certification (BLC), Las Vegas; and the Nevada State Health Division (NSHD) website at [www.health2k.state.nv.us](http://www.health2k.state.nv.us).

Introductions were made around the table.

#### **APPROVAL OF MINUTES OF SEPTEMBER 22, 2006**

Assemblywoman Genie Ohrenschall made the motion to approve the minutes and Michelle Kling seconded. **MOTION APPROVED**

#### **UPDATE ON NEVADA STATE HEALTH DIVISION**

Judy Wright stated the Health Division is in the process of moving into a new building. The building is on Technology Way in Carson City. The only Bureaus which are not moving are Bureau of Family Health Services (BFHS), Bureau of Early Intervention Services (BEIS) and Bureau of Licensure and Certification (BLC).

#### **REPORT ON CHANGES IN CHILDREN'S BEHAVIORAL HEALTH, CURRENT AND PROPOSED: MEDICAID CHANGES TO COVERING CHILDREN'S BEHAVIORAL HEALTH TRANSFORMATION**

Colleen Lawrence reported on the funding to redesign behavioral health networks which were clinics. Providers need to be affiliated in order to provide services within the network. There are 14 new additional providers across the state. The goal is to continue working on support for behavioral health of children.

#### **UPDATE ON DIVISION OF CHILD AND FAMILY SERVICES (DCFS) CHILDREN'S BEHAVIORAL HEALTH TRANSFORMATION**

Patty Merrifield reported on transforming the behavioral health services in the state and on the Medicaid regulation changes which went into effect last January. The changes created flexibility in putting together treatment services for children and their families. This helped change some of the service models and created flexibility. Changes in billing Medicaid have also taken place. A statewide children's behavioral work group has been formed. They oversee the changes of the Medicaid regulations. They met in October and will meet in January to develop a vision and plan for what children's behavioral health should look like in the state of Nevada and will oversee the changes and implement those changes. There are three regional children's mental health consortiums which were established in NRS in 2001. They issued their 5<sup>th</sup> annual report to bring regional planning, evaluation, and recommendation to the state level. This will help work toward major system change in the state. Nevada was one of seven states which were awarded a grant for system change which will allow change at the state wide level for children's mental health. The grant will help with cultural competence across the state, as well as training purposes. Significant numbers of children are victims of trauma whether it is physical or mental and training of providers to treat them is needed. National experts will be hired to provide trauma focused training sometime in May. Quality assurance and improvement is also a focal point. Looking at the quality of care children are getting and improving those practices remains a priority while moving forward.

#### **UPDATE ON CLARK COUNTY ACTIVITIES TO PROMOTE CHILDREN'S HEALTH AND WELFARE**

Thomas Morton reported on the number of challenges facing the Department of Family Services (DFS) in Clark County. Among these are the child and family services review conducted by the Federal Government under the Adoption Safe Families Act (ASFA). The initial review three years ago found the State of Nevada non compliant and as a result the state was required to develop a performance plan which will end in February. The state can incur about 2.1 million dollars in sanctions. Clark County Child Death Review has reported 79 child fatalities. There were a number of action items which Clark County is accountable for monitoring. A top priority is the health and well being of children in Clark County. The goal is a 24/7 response from police officers. It is currently 10:00pm – 8:00 am. Law enforcement accounts for 39% of the children removed from home. There is an enormous shortage of foster homes in Clark County which contributes to over crowding of Child Haven and lack of movement through the system. Over 500 additional placement resource options for children are needed to reduce over crowding of Child Haven and foster homes. Child Haven sees 2,200 kids a year, some as many as 4 times in a year. An estimate of 1.5 million dollars is needed to address deficiencies in Clark County Child Welfare.

**DISCUSSION AND POSSIBLE APPROVAL OF THE PERINATAL SUBSTANCE ABUSE PREVENTION (PSAP) LEGISLATIVE DRAFT RESOLUTIONS FOR 2007 LEGISLATIVE SESSION INCLUDING ADDITIONAL STATEWIDE DIAGNOSTIC CLINICS AND FUNDING FOR EDUCATION/MEDIA CAMPAIGN**

Muriel Kronowitz stated the needs assessment report has been published. The report was produced at the town hall meetings. The task of the PSAP subcommittee is to take the needs assessment report and work on a five year strategic plan. The subcommittee looked at a first draft at its last meeting. At the meeting the subcommittee discussed priorities in terms of Fetal Alcohol Spectrum Disorder (FASD) action. The consensus was Nevada needs 25 more FASD and genetics diagnostic clinics within the state. There are 10 FASD clinics in the south. The additional clinics will address waiting lists. An educational component is also needed for providers. Ms. Sorenson made a comment regarding Pregnancy Risk Assessment Monitoring System (PRAMS). Ms. Sorenson wanted to know if this was going to be addressed. Judy Wright responded there had not been anything received from the attorney and this is why PRAMS is not on the agenda. Ms. Wright stated Senator Carlton is willing to put forth a bill draft request for the clinics in the amount of \$95,000 dollars. This will allow for 20 clinics in the south and 10 in the North and a couple of genetics clinics. Dr. Beverly Neyland felt educating pregnant mothers may in the future reduce the kids who are on the waiting list. Ms. Ohrenschall motioned to support funding additional clinics, as well as, educational components and Dr. Neyland seconded. **MOTION APPROVED**

**BOARD DISCUSSION OF DRAFT BOARD 2006 REPORT AND 2007 RECOMMENDATIONS: POSSIBLE APPROVAL AND/OR DIRECTION TO STAFF**

Ms. Wright asked members if there were any changes which needed to be made to the draft. Dr. Tyree Davis needs to be added and changes to page 2 to the PSAP report stating 25 clinics and continuing education as discussed previously. Page five is to be laminated for legislature and have the numbers on one side and executive summary on the other. Dr. Davis motioned to approve the changes and Ms. Ohrenschall and Ms. Neyland seconded. **MOTION APPROVED**

**UPDATE ON NEVADA CHECK UP**

Betsy Aiello reported things are going well with Nevada Check Up. There had been an increase in enrollments for November and December with December having over 500 enrollments. There have been some refinements made to the process of automatic transfer when enrollees are denied for Medicaid and transferred to Nevada Check Up. Refining this process will increase enrollments in the next few months. The Covering Kids and Families Grant with the Robert Wood Johnson Grant had ended. The Division of Health Care Financing and Policy (DHCFP) received a Tobacco Fund Grant and contracted with Health Insight to operate the grant. There is an office in Reno and Las Vegas with both sights having VISTA coordinators to help people with the application process. The target goal is increasing Medicaid and Nevada Check Up enrollment by assisting with the application process. The goal is to increase Native American applications 10%, African American 10%, and Asian 10%. These ethnicities were chosen because they have the lowest enrollment. The Hispanic population had the highest enrollment. Another target group is older children ages 13-18 which had low enrollment. The ultimate goal is to increase the 13-18 age groups, by 15% in Nevada Check Up and 10% in Medicaid in about 2 years; they will hand out information at high schools regarding the program.

The Health Insurance Flexibility and Accountability (HIFA) Waiver was approved by the Centers for Medicare and Medicaid Services (CMS) with the start date of December 1, 2006. This has expanded the eligibility for pregnant women, which increased from 133% to 185% of the Federal Poverty Level (FPL). People who apply for pregnancy coverage under Medicaid but are over the 133% will be automatically rolled to Nevada Check Up under the HIFA waiver for coverage if under 185%. This program is funded under Title 21 (Nevada Check Up or S-CHIP) versus Title 19 (Medicaid) of the Social Security Act. The HIFA Waiver is a demonstration project where ultimately they have to show how these programs save money. Applicants can not apply for prior medical coverage if it happened before December 1, 2006. Women who were denied a week ago or a day ago because they were over income may apply again and can be approved under the HIFA Waiver; because this is Title 21 their infant will not automatically be eligible when born. Mothers will need to apply for Medicaid or Nevada Check Up for their unborn child. Welfare will send Nevada Check Up a list of the eligible women and Nevada Check Up will notify them to apply for their unborn child. Another program under the HIFA Waiver is Employer Sponsored Insurance

Premium payments for people who are under 200% poverty level. The employer must qualify for this program to take effect. Once the employer qualifies the program will pay 50% of the employee's premium. The goal is to have people enrolled in the Employer Sponsored Insurance Premium program by April if they are under 200% FPL.

November 1, 2006 the New Managed Care contracts took effect, Health Plan of Nevada and Anthem Blue Cross Blue/Shield. Those are the two carriers in the State of Nevada. The HMO Dental Plan moved north effective November 1, 2006; it is already in the South. Pay for performance incentive plans are part of the contracts.

#### **UPDATE ON IMMUNIZATION REGISTRY**

Tami Chartraw stated the registry started in 1992 with the planning grant. The registry is currently using Web IZ software which is a web based database. Providers are able to access from the Internet. There are currently two versions of Web IZ running in Nevada; one is at SNHD and one at NSHD. There are two staff members for Web IZ support. There are issues with up to 5% duplication of records at the moment in 1,000,000 records. There are legal, program, and technical issues which need to be addressed and resolved. Ms. Chartraw would like to redevelop a study work group to answer basic questions. There are a lot of questions which need to be addressed and answered on policy and procedure before the system is expanded. Immunizations are one of the pay for performance measures for the Medicaid HMOs.

#### **REPORT ON EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT) SEPTEMBER 7, 2006 LEADERSHIP WORKSHOP AND FOLLOW UP WITH POSSIBLE BOARD DIRECTION TO STAFF. ALSO BOARD DISCUSSION AND POSSIBLE APPROVAL OF A LETTER OF SUPPORT FOR CHANGE OF THE NAME OF THE BIRTH DEFECTS REGISTRY TO NEVADA BIRTH OUTCOMES MONITORING SYSTEM**

Debra Wagler reported on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) which had been in existence for many years and is under utilized. Nevada is one of six states which received technical assistance from Health Resources Services Administration (HRSA). The goal is to increase the number of children who receive EPSDT benefits. Many states, as well as, Nevada are failing to cover the full scope of benefits of EPSDT. There were several issues raised at a recent EPSDT workshop which raised awareness and resulted in the implementation of four different workgroups. The four different workgroups are as follows: cross system languages; Tribal, Federally Qualified Health Center (FQHC), Local Health Department (LHD) and Managed Care Organizations (MCO); parent support & education; and automatic enrollment for newborns. Ms. Kling stated the workgroups prioritized and came up with the priorities which were mentioned by Ms. Wagler. Ms. Kling stated they go down to the source of why people are not applying for EPSDT. Realizing the payment and credentialing is very lengthy and many people do not want to participate. The question was what can be done to make the process streamlined for the providers. Ms. Wagler stated there will be meetings for each of those four workgroups. The goal is to provide recommendations to improve the system. Ms. Wagler stated there are a lot of different models out there. The state of Iowa is one of the models used because of the great improvement in EPSDT rates. Marti Cote stated there are Medicaid myths out there but there is no one calling her to let her know about problems or issues. She also stated there is provider training but rarely any providers show up. Provider training is provided in Reno and in Las Vegas. Trainings on web and video are being proposed for providers who can not make it to the trainings. Ms. Ohrenschall motioned to approve the reporting, both verbal and written, of the EPSDT to MCHAB and Dr. Neyland seconded. **MOTION APPROVED**

Ms. Kling spoke of the name change of the Birth Defects Registry (BDR). She stated any documentation with the new name and promoting the change with support letters will help establish change. Dr. Davis motioned to approve letters of support for the name change from BDR to Nevada's Birth Outcomes Monitoring System and Dr. Neyland seconded. **MOTION APPROVED**

#### **BOARD ESTABLISHMENT OF MEETING DATES FOR 2007**

The tentative meetings are as follows February 9, May 4, July 6, September 28, and December 7, 2007. The July meeting will be face to face; videoconferences will be at 9:00 a.m., 9:30 a.m. face to face. Dr. Jeffrey Wrightson motioned to approve the tentative dates and Dr. Davis seconded. **MOTION APPROVED**

### **STAFF REPORTS AND BOARD DISCUSSION**

Ms. Wright reported on the Maternal Child and Adolescent Health program, stating she had done some program reorganization in the bureau which moved the Injury and Rape Prevention Program and the PSAP under Kyle Devine who was the Child and Adolescent coordinator and now is the Maternal, Child, and Adolescent Coordinator. Cynthia Huth's position is being recruited as a nurse position who will be the medical consultant for the bureau. Tanya Reid is a new Management Analyst and is working on MCH issues. Ms. Reid is also working on a Child and Adolescent Health Profile which is due in July. Andrea Rivers is finishing up the very first very detailed injury report which should be posted early next year. Injury and Rape received a notice from the Rape Prevention Patient Grant that will be funded until 2011. Oral Health has a new Biostatistician, James Jordan. The State Oral Health Committee regional coalitions voted to send letters of support to the director of the Department of Health and Human Services (DHHS) and the Governor requesting state funding for school-based dental sealant programs and to expand Medicaid dental benefits to the adult Medicaid waiver population. Progresses regarding school based sealants are only 1% off of the Healthy People 2010 goal of 50%. The Real Choices Change Grant has ended and Ms. Wagler and staff had been moved to the Maternal Child and Health Block Grant so they may continue their work. Karen Allen is the new Primary Care manager. Women, Infant and Children (WIC) is

in the process of divesting itself of all their state run clinics. They are still working with USDA on Electronic Benefits Transfer (EBT) and have contracted with auditors to see if it will truly save money.

### **PUBLIC COMMENTS**

There were no public comments.

Meeting adjourned at **12:00 p.m.**